

## INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue IGCS W041
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901

FAX: (317) 233-5627 E-mail: esp@idem.IN.gov www.in.gov/idem/prevention/esp

When to use this annual report form...

**STOP!** Is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track <u>and</u> Indiana Environmental Stewardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at <a href="http://www.epa.gov/performancetrack/program/report.htm">http://www.epa.gov/performancetrack/program/report.htm</a>. The U.S. EPA will notify IDEM after receiving your annual performance report.

GO! Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, fax, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 800-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. <u>Indiana ESP facilities must submit an Annual Performance Report by April 1<sup>st</sup> of every year, for each calendar year in which the entity has been a member for at least three (3) full months.</u>

Please do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

CECTION A EACH ITY	INFORMATION
	INFORMATION
Name of Facility	
Bert R. Huncilman and Son, Inc.	<u> </u>
Name of Parent Company (If applicable)	a seer america or complete to the control of
N/A	
Street Address (number and street)	
2072 McDonald Ave.	Control of the second section of the second
City/State/ZIP Code	
New Albany, IN., 47150	T. Control of the con
Facility/Company Web site	
www.huncilman.com	need were the first Switcher Street Court of the Street Court of t
CONTACT	INFORMATION
Contact Name (Mr./Mrs./Ms./Dr.)	What are the water Managaran water and a wind a
Steve Doane	Y Consideration and the control of t
Title	
Continuous Improvement Administrator	έ
Telephone number	· · · · · · · · · · · · · · · · · · ·
812-945-3544	* where a strict and the section is the section of
FAX number	¥
812-948-2133	The second manifel and a subsect of an action of the second second
E-mail address	The water as the area and security as a subject of the state of the st
sdoane@huncilman.com	Pull notice that will a collection have mentally in mortal activities may
Mailing Address (if different from facility address)	4
walling Address (if different from lability address)	· ·
City/State/ZIP Code	).
D. C. D.: ID.	
Reporting Period Dates	1
Jan. 1, 2008 ~ Dec. 31, 2008	U. E. i. and Oterandalia December 1990
If this is your third Annual Performance Report, do you wish to renew your I YesIf yes, please complete all sections of this annual report.	ndiana Environmentai Stewardship Program membership?
TesII yes, please complete all sections of this aimdal report.	
NoIf no, you can skip Section D of this annual report.	a a
	N INFORMATION
In your ESP application and, perhaps, in previous annual performance reportanges or additions to your facility's list of products or activities? If so, ple	orts, you described what your facility does or makes. Have there been any
The Solution of the contraction	ase list them in the space below.

Why do we need this information?  IDEM needs information on the performance and assessment activities of your Environmental Management System (EMS).	MENT SYSTEM ASSESSMENT  What do you need to do?  Please summarize your facility's EMS assessments.  Attach additional sheets as necessary.
<ol> <li>Is your facility currently registered to a recognized third-party EMS standard?</li> <li>✓ Yes</li> </ol>	Year: 2009
<ul> <li>a. If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility?</li> <li>Please provide the type (e.g., ISO 14001 certification), scope, and month of the last assessment.</li> </ul>	Type: Periodic  Scope: The Fabrication of Metal Components to Customer Specifications
No b. If no, when was an internal or corporate EMS audit last conducted at your facility? Please provide the scope and month of the last assessment.	Month: January  Year: Scope: Month:
<ol> <li>When did your facility last conduct an internal or corporate compliance audit? Please provide the scope and month(s) of each audit, and indicate who conducted the audit(s) (e.g., facility staff, corporate groups, third party). Do not include audits, inspections, or site visits by regulatory organizations.</li> </ol>	Year: 2008 Scope: ISO14001 Internal Audit Month(s): November Who: Steve Doane
<ol><li>(Optional) Please describe any other audits that were conducted at your facility.</li></ol>	Continuous ISO14001 audits
<ul> <li>4. Has your facility corrected all instances of potential non-compliance and EMS non-conformance identified during your audits and other assessments?</li> <li>☑ Yes <ul> <li>a. If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).</li> <li>☐ No</li> <li>b. If no, please explain your plans to correct these instances.</li> </ul> </li> <li>☐ No such instances identified.</li> </ul>	Our corrective actions have been mainly internal paperwork issues in the environmental portion of our management system. Only during the first year of our ISO efforts were there any real changes that had to be made to comply with regulatory requirements such as removing used oil barrels and a lot of housekeeping issues.
5. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?	We had a couple of small contained fires and everyone followed our emergency procedures correctly.
When was the last Senior Management review of your EMS completed?	Month/Year: May 2008 Who headed the review? Name and Title: Steve Doane - Continuous Improvement Administrator
When did your facility last conduct a systematic identification or review of your environmental aspects?	Month/Year: April 2008
10. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in the following section. You may limit the summary to environmental aspects that are significant and towards which progress has been made during the last calendar year. Attach additional sheets as necessary.	Environmental Aspect Progress Made This Year (e.g., quantitative or qualitative improvements, activities conducted)
	,

-Ygorting on #2

SECTION C	ENVIRONMENTAL II	MPROVEMENT INITIATIV	E RESULTS	
Why do we need this information? Facilities need to share the results o improvement initiative that was pursi	f the environmental	ا performance	Use the following table to summarize as compared to your ESP enviror	What do you need to do? ze your facility's environmental improvement initiative.
Category: Energy Reductio	n	i.		
Aspect: Natural Resources		:		
Specific Information on Aspect (option		Progress during year	Environmental Improvement	Cost Savings
	Baseline	2008	Initiative Goal	(if applicable)
Actual Quantity (per year)	3,058,000	2,502,375	2,007,482.0	Energy savings of 18.2%
Measurement Unit	kwh	·	710211120	10.270
Normalized Quantity (per year)	,		,	
Basis for your Normalizing Factor (e.g., gallons of paint produced) Briefly describe how you achieved in	nprovements for this aspect or, i	f relevant, any circumstanc	es that delayed progress.	
Coupled with the new m we were able to experie dollowed hoat for Please list any state, EPA, or other p	ara afficient sir compi	resser-and-a-cone	entrated effort to curb a	excess tabor costs-
dorragged host for	- moralisas/redu	red labor 4	increase efficie	10
Please list any state, EPA, or other N/A	oartNership programs <sup>/</sup> to which yo	ou are reporting this data (	e.g., Energy Star, Project XL).	0
(Optional) If your facility has experie those results here.	nced continued results for enviro	onmental improvement initi	atives pursued in past years of ES	
		<u>.</u>		
		<b>\$</b>		
SECTION D Why do we need this information? Facilities need to demonstrate their improving environmental performance	? commitment to	IMENTAL IMPROVEMEN		What do you need to do? vironmental Performance Table.
For ESP membership, you must ident the application and the remaining wing questions. Choose an indicator from Performance Indicator Table is proviselect for your initiative should be reenvironmental impact in your EMS, sure how your objectives and target IDEM at 800-988-7901.	Ill be identified each year in the a n the Environmental Performanc ided with the ESP Application ar lated to the objectives and targe No more than two of your indica	annual report: Identify the a e Indicator T <sub>i</sub> able to measu ad is also available at http:/ ts in your EMS. Where po ators can be from the same	new initiative that will begin this ye are the identified environmental init //www.in.gov/idem/prevention/esp/ ssible, indicators should also be id environmental category during the	ar by answering the following iative. The Environmental table.doc. The indicator you lentified as having a significant a 3-year term. If you are not
Please complete the following quest information is required for air, hazard	tions according to the environme dous waste, solid waste, and en	ntal indicator you selected ergy indicators as requeste	from the Environmental Performa ed in Appendix 1.	nce Indicator Table. Additional
1a What category have you selected				A
•	omplete additional questions perf		(for t	12ad #3
1b What indicator have you selected			The state of the same	
waste component). Does your in substance, or component (e.g.,All	subset of the indicator (e.g., a s nitiative include everything cover	pecific material, process, \	e facility. For many indicators, you /OC, group of toxic air emissions, I VOCs, all non-hazardous waste),	or particular
Specific     Specific				
	plastic waste S		n your indicator (e.g., specific cher バガく ぬかもく	nical to be reduced, specific
1d What activities or process chang		your facility to accomplish		anges in a particular process
2∂ Does this initiative address a sig ☑ Yes ☐ No	nificant aspect in your EMS?	<b>8</b> 3 1 :		
2h If no, please explain why you be	lieve this indicator should be incl	uded as an environmental	improvement initiative.	

r	
to com	e category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total GHGs, please skip Questions 3a – 3b below and turn to Appendix 1 plete the questions pertaining to the category you listed. After completing Appendix 1, return to question 4 and complete the remaining questions ing your facility's environmental improvement initiative.
3ಿ What ur (Please	nits are you using to quantify this indicator? Pbwds refer to the Environmental Performance Indicator Table for the acceptable units for each indicator.)
Baselir	baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year. ne quantity Year year quantity (not including production) Year
. □ No	quantity presented in the future quantity column represent an absolute goal or a normalized goal?  ormalized goal (i.e., indexed to level of business in baseline year)  osolute goal (i.e., demonstrates improvement even if production increases)
Please b sold, nur	your goal is absolute or normalized, you will need to provide normalizing factors and normalized quantities in your annual performance reports.  riefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards nber of patients seen, dollars of sales adjusted for inflation, or number of employees (for R&D and administrative sites only).
*10"	subject to Federal, State, tribal, or local regulatory requirements for this indicator?
6b If yes, e	xplain how your initiative exceeds regulatory requirements.
IDEM need information Please brie report publi	PUBLIC OUTREACH AND PERFORMANCE REPORTING  In need this information?  Is to know how environmental by the shared and plans was shared with the public.  If y describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to cly on its environmental performance. Feel free, but not obligated, to attach supporting materials (e.g., meeting agendas, public announcements).  The property of the property o
Please indic many as ap	cate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as opropriate.
⊠ Website	(http://www.huncilman.com)
☐ Open Ho	puse
☐ Meeting	s
☐ Press Re	eleases
Commu	nity Advisory Panel
Other	
This informa	ADDITIONAL INFORMATION Presed this information? What do you need to do? ation will help IDEM to effectively manage the tal Stewardship Program.
1. In in	n addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months (include information about each particular program).  P2 (Partners for Polution Prevention
C	ias your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should onsider.
h	your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, ow has ESP been instrumental in achieving registration?  Aiready certified to ISO14001.
V	xplain the measured or perceived results from receiving, documenting, and responding to external communication.  Ve just recently updated our website and are hoping we will receive some productive feedback rom the public.

- 5. How have community residents and businesses reacted to your facility participating in the Indiana Environmental Stewardship Program? They have been impressed with our commitment.
- 6. According to the measurement program developed and implemented by your facility to measure Environmental Management System success, is your facility's EMS successful? Why or why not? If not, what changes will be made to ensure continual environmental improvement and future EMS success?

We have made progress on the energy programs we have instituted so far. Moving forward, we hope to make a difference in our recycling of plastic to reduce solid waste.

## CERTIFICATION AND PLEDGE

On behalf of Bert R. Huncilman and Son, Inc. (name of facility),

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, Bert R. Huncilman and Son, Inc., commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature Steve Doarne Title

Continuous Improvement

Administrator

Date (month, day, year)

03/30/09

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA
ESP Program Manager
MC 64-00 IGCS W041
100 North Senate Avenue
Indianapolis, IN 46204-2251

FAX: 317-233-5627 E-mail: esp@idem.lN.gov Additional questions for environmental improvement initiatives for the following categories/indicators:

	11	11 - · · · · · · · · · ·	
Energy	use ·	Non-Trans	portation

In the table below, please enter the amount of energy that you currently use and that you intend to use in your future reporting year. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line (natural gas is typically combusted on site so it is listed in the "onsite" section).

Please note that this table categorizes sources of energy according to where the energy is generated.

3a Is the goal of your energy use commitment to:  ☐ Reduce total energy use ☐ Invest in renewable energy sources ☐ Combination of both strategies	   

3b How much energy of each type does your facility use?

		Baseline Year 20	Future Year 20	Units
Energy	Electricity	<del></del>		
Generated	Steam			
Off-Site	Total Energy Generated Off-Site			
	Coal			
	Natural Gas			
	Crude Oil			
	Fuel Oil			
	Diesel			
	Propane / LPG			
	Gasoline			
	Hydrogen Powered Fuel Cells			
Sources of	Natural Gas / Methane Powered			
Energy	Fuel Cells			
Generated	Biomass			
On-Site	Solar			
	Wind			
	Landfill Gas			
	Geothermal			
	Hydroelectric			
	Tire Derived Fuel	<u> </u>		
	Other Fuel or Source			
	Specify:			
	Total Energy Generated On-Site			
Total Renew	able Energy Use			***
	enewable Energy Use		\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	
Total Energy	y Use		**************************************	
	of CO2 Equivalents	·		
	of CO2 Equivalents			
Offset 1	Through Purchases of Electricity			
	able Off-Site Sources			
Net Metric T	ons of CO2 Equivalents	<u> </u>		

s =			
Vaste - Non-Hazardous Waste Generation		h	Diagon anter both the
the table below, please enter your facility's amount nounts you manage currently and that you intend	nt of non-nazardous waste, broken down to manage in your future reporting year.	"Waste" is defined as all material	s sent off-site that are neither
roduct nor product packaging.			
a Is the goal of your non-hazardous waste comm	itment to:		
Reduce non-hazardous waste Improve waste management methods			
Combination of both strategies			
D How much of your waste is handled using each			
Method of Waste Managed	Baseline Year	Future Year	Units
	20000€	<b>20-Q</b> 7-	
Landfill Incineration			
Reused/recycled off-site			41
Other management - Specify: Begin	Unknown		lbs.
recycling our PLASTIC waste	0		
Total Non-Hazardous Waste			
Vaste - Hazardous Waste Generation			
n the table below, please enter your facility's amoun nat you manage currently and that you intend to ma	nt of hazardous waste, broken down by v	vaste management method. Plea	se enter both the amounts
nat you manage currently and that you intend to ma	anage in your future reporting year. Inclu	de all nazardous waste that is tre	ated on-site or sent on-site.
Is the goal of your hazardous waste commitmen	nt to:		
☐ Reduce hazardous waste ☐ Improve waste management methods	* **		
Combination of both strategies	4.		
b How much of your hazardous waste is handled	using each management method?		
		Future Year	Units
Method of Waste Managed	Baseline Year 20	20	Offits
Landfill			
Incineration Reused/recycled off-site			
Reused/recycled off-site Treated on-site			
Reused/recycled off-site Treated on-site Other management			
Reused/recycled off-site Treated on-site			
Reused/recycled off-site Treated on-site Other management Specify:			
Reused/recycled off-site Treated on-site Other management Specify:			
Reused/recycled off-site Treated on-site Other management Specify:			
Reused/recycled off-site Treated on-site Other management Specify:			
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Reused/recycled off-site Treated on-site Other management Specify:	! !		·
Reused/recycled off-site Treated on-site Other management Specify:	! !		,
Reused/recycled off-site Treated on-site Other management Specify:	! !		

much greenho	use gas does your facility emit from each s			
	Source	Baseline Year 20	Future Year 20	Unit
••	Stationary Combustion			***************************************
	Mobile Sources			
	Refrigeration/AC Equipment Use			
	Process/Fugitive			
Direct	Specify Source:	1		
Emissions	Process/Fugitive			
L1110010110	Specify Source:			
	Process/Fugitive			
	Specify Source:			
	Total Direct Emissions	3		
	Process/Fugitive			
	Purchased Electricity			·
Indirect	Purchased Steam			
Emissions	Purchased Hot Water			
	Total Indirect Emissions			
	Other Specify Source:			
Optional Indirect	Other Specify Source:			
Emissions	Other Specify Source:			
	Total Optional Indirect Emissions			
	Offsets Specify Source:	·		
Offsets	Offsets Specify Source:			
	Offsets Specify Source:			
	Total Reductions from Offsets			
	Total Emissions Less Offsets		***************************************	
	Total CFC			
	Total HCFC			
Supplemental Information	Total Stationary Combustion – Biomass CO2			
	Total Mobile Sources – Biomass			

Air Emissions - Total GHGs